



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

REPORT #6

**RECEIVED**

By Carol Day at 2:55 pm, Dec 18, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <b>750135</b>	NAME OF AGENCY <b>RICHLAND POLICE DEPT</b>	DATE OF INSPECTION <b>12/02/2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>2015 CHESTNUT ST. RICHLAND MO 65556</b>		TIME OF INSPECTION <b>1658</b>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <b>12/02/2014 1658</b>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>50</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input type="checkbox"/> PRINTER

<input type="checkbox"/> INDICATOR LIGHTS
---

<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>GENIUM LABORATORIES</b>	LOT # <b>14200</b>	EXP. DATE <b>8/5/16</b>
--	--------------------	-------------------------

<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34</b> °C	SIMULATOR SN <b>DR 6931</b>	EXP. DATE <b>02/15/2015</b>
--	-----------------------------	-----------------------------

<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
--

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- |   |
|---|
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE            |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE            |

TEST 1 <b>0.101</b>	TEST 2 <b>0.101</b>	TEST 3 <b>0.102</b>
---------------------	---------------------	---------------------

<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
---

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>1</b>	(0-.04) <b>0</b>	(.05-.09) <b>1</b>	(.10-.14) <b>0</b>	(.15-.19) <b>0</b>	OVER .19 <b>0</b>
-------------------	------------------	--------------------	--------------------	--------------------	-------------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

**UNIT IS OPERATING WITH IN MO DEPT OF HEALTH RULES AND REGS**

**INSPECTING OFFICER**

SIGNATURE <b>David L. Moser</b>	PRINT FULL NAME <b>DAVID L. MOSER</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>220400 12/14/2014</b>	TELEPHONE NUMBER <b>573 365 4144</b>

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901**



## GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-684-5470

### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14200 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on August 6, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1213% (w/vol) ethyl alcohol. The expiration date for this lot number is August 5, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FNI22211-02 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

BAC DataMaster  
Evidence Ticket

STATE OF MISSOURI  
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135

12/07/14

16:58

DIAGNOSTIC CHECK

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS  
SAMPLE CHAMBER: 50c

FLOW DETECTOR: OKAY

PUMP  
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGHIJ  
KLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
PQRSTUVWXYZ{|}~

Operator Signature

*David L. Moore*

**BAC DataMaster  
Evidence Ticket**

STATE OF MISSOURI  
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135  
12/07/14

TESTING OFFICER:  
MOSEY/DAVID/L  
OFFICER I.D.: 406  
PERMIT NUMBER: 220400  
EXPIRATION DATE: 12/14/14  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	17:04
INTERNAL STANDARD	VERIFIED	17:04
EXTERNAL STANDARD	.101	17:04
BLANK TEST	.000	17:05
EXTERNAL STANDARD	.101	17:05
BLANK TEST	.000	17:06
EXTERNAL STANDARD	.102	17:06
BLANK TEST	.000	17:07

N = 3  
SIM. = .1  
AVG. = .1013

Operator Signature

*David L. Moser*

2208-02

BAC DataMaster  
Evidence Ticket

STATE OF MISSOURI  
RICHLAND POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950135  
12/07/14

ARREST TIME: 16:45  
SUBJECT NAME:  
BERT/STEVE/M  
DOB: 11/10/59 SEX: M  
STATE/D.L.: MO/F678901221  
ARRESTING OFFICER:  
MOSER/DAVID/L  
OFFICER I.D.: 406  
TESTING OFFICER:  
SAME  
OFFICER I.D.: 406  
PERMIT NUMBER: 220400  
EXPIRATION DATE: 12/14/14  
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

BLANK TEST	.000	17:10
INTERNAL STANDARD	VERIFIED	17:10
RADIO INTERFERENCE		

Operator Signature

*David Moser*

2200-02

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



DAVID MOSER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 12/14/2012

Number 220400

Expires 12/14/2014

MO 550-0771 (7-88)

Director of State Public Health Laboratory

ACTING DIRECTOR

Director, Department of Health

Lab. 4 (R7-88)